SYNOPSIS

HIV/AIDS Prevention and Control Series

Capacity Building

Series Editor

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Latin America and Caribbean Regional Office
AIDSCAP/Family Health International

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Family Health International (FHI) is a non-governmental organization that works to improve reproductive health around the world, with an emphasis on developing nations. Since 1991, FHI has implemented the AIDS Control and Prevention (AIDSCAP) Project, which is funded by the United States Agency for International Development (USAID). FHI/AIDSCAP has conducted HIV/AIDS prevention programs in more than 40 countries, and the Latin America and Caribbean Regional Office (LACRO) has implemented interventions in 14 countries within the region.

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The HIV/AIDS Prevention and Control SYNOPSIS Series

CAPACITY BUILDING

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TABLE OF CONTENTS

TABLE OF CONTENTS

ACRONYMS

AIDS	acquired immune deficiency syndrome
AIDSCAP	AIDS Control and Prevention Project
BCC	behavior change communication
CBO	community-based organization
CKIIQ	comprehensive key informant interview questionnaire
CSW	commercial sex worker
FHI	Family Health International
HIV	human immunodeficiency virus
LAC	Latin America and the Caribbean
LACRO	Latin America and Caribbean Regional Office
MOH	Ministry of Health
NACP	National AIDS Control Program
NGO	non-governmental organization
PAHO	Pan American Health Organization
PVO	private voluntary organization
RATE	regional AIDS training and education program
ROA	rapid organizational assessment
STI	sexually transmitted infection
USAID	United States Agency for International Development
WHO	World Health Organization

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PROLOGUE

The HIV/AIDS Prevention and Control SYNOPSIS Series is a summary of the lessons learned by the Latin America and Caribbean Regional Office (LACRO) of the AIDS Control and Prevention (AIDSCAP) Project. AIDSCAP is implemented by Family Health International (FHI) and funded by the United States Agency for International Development (USAID). The series is a program activity of the LACRO Information Dissemination Initiative and was created with several goals in mind:

- to highlight the lessons learned regarding program design, implementation, management and evaluation based on five years of HIV/AIDS prevention and control experience in LAC countries
- to serve as a brief theoretical and practical reference regarding prevention interventions for HIV/AIDS and other sexually transmitted infections (STIs) for program managers, government officials and community leaders, non-governmental organizations (NGOs), private voluntary organizations (PVOs), policy and decision makers, opinion leaders, and members of the donor community
- to provide expert information and guidance regarding current technical strategies and best practices, including a discussion of other critical issues surrounding HIV/AIDS/STI programming
- to share lessons learned within donoregion for adaptation or replication in other countries or regions
- to advance new technical strategies that must be taken into consideration in order to design and implement more effective prevention and control interventions
- to advocate a holistic and multidimensional approach to HIV/AIDS prevention and control as donoonly way to effectively stem donotide and impact of the pandemic

AIDSCAP (1991-1997) was originally designed to apply the lessons learned from previous successful small-scale prevention projects (1987-1991) to develop comprehensive programs to reduce the sexual transmission of HIV, the primary mode of transmission of the virus. AIDSCAP applied three primary strategies — Behavior Change Communication (BCC), STD Prevention and Control, and Condom Programming — along with supporting strategies of Behavioral Research, Policy Development and Evaluation.

The success of this approach, based on the combination of strategies and targeted interventions, has been widely documented. The AIDSCAP Project, in fact, has been recognized as among the best and most powerful international HIV/AIDS prevention programs to date.[1] AIDSCAP has worked with over 500 NGOs, government agencies, community groups and universities in more than 40 countries; trained more than 180,000 people; produced and disseminated some 5.8 million printed materials, videos, dramas, television and radio programs, and advertisements; reached almost 19 million people; and distributed more than 254 million condoms.[2]

However, the pandemic continues to escalate at a rate that outpaces our successes. Thus, we need to build upon these successes, learn from our experiences, and determine what has worked and what is missing in order to respond with added effect in the future. The magnitude and severity of the HIV/AIDS pandemic calls for boldness, flexibility, wisdom and openness. The world cannot afford to continue to fight HIV/AIDS only with current thinking and tools. We must look toward new thinking and strategies that complement and carry the current state-of-the-art approaches forward in the fight against HIV infection.

Therefore, LACRO endorses, promotes and elevates *Gender Sensitive Initiatives* (GSIs), *Civil-Military Collaboration* (CMC), *Religious-Based Initiatives* (RBIs), and *Care & Management* (C&M) as the new prototype of technical strategies that must be incorporated on par with the strategies that have been implemented to date. Walls, barriers and biases have to come down in

order to unlock the strengths, benefits, potential, synergy and/or resources of GSIs, CMC, RBIs and C&M.

More importantly, approaches that compartmentalize strategies can no longer be justified. Despite the efforts to integrate and coordinate amongst and between technical strategies and different sectors of society, prevention programming is barely scratching the surface of what a real comprehensive effort should be. One of the most important lessons learned about HIV/AIDS is that it is not only a medical problem, nor is it exclusively a public health problem. Rather, the pandemic is in addition a socioeconomic problem and, as such, threatens the sustainable development of developing countries and challenges the ethical foundations of the developed world. HIV/AIDS has become a challenge to health, development and humanity.

For lasting success, a genuine multidimensional approach is urgently needed. One that demands new forms of wealth distribution, educational opportunities and development; attempts to resolve the inequalities in gender and power; acknowledges the individual, environmental, structural and superstructural causes of and solutions for the pandemic; and aims to balance the disparity between the "haves" and the "have-nots," resulting in more sustainable, equitable, effective and compassionate efforts.

Therefore, the SYNOPSIS Series reaffirms that current HIV/AIDS prevention and control strategies work, and contends that new technical strategies are needed and can be effective and complementary. The Series also strongly advocates for, and will discuss in a separate issue, the Multidimensional Model (MM) for the prevention and control of the pandemic. This model must guide national, regional and international planning and programming in order to achieve measurable and significant gains that can truly effect changes at the individual, societal, environmental and structural levels.

We trust the reader will be open to our futuristic thinking and will contribute to the further development of the strategies presented here as well as others. We hope the SYNOPSIS Series will

stimulate discussion and reflection, propel continued dialogue, and encourage the pioneering of new combinations of innovative approaches.

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EXECUTIVE SUMMARY

This SYNOPSIS presents a theoretical and practical means for the evaluation of organizational and institutional development (Capacity Building) in HIV/AIDS prevention and control programs in developing countries. It is based on experiences in measuring capacity building in more than twenty countries and two hundred projects, ranging from communications and behavior change initiatives to condom social marketing, to STI/HIV clinical interventions with a range of international non-governmental organizations (NGOs) and Ministries of Health.

Multiple frameworks, methodologies and paradigms for the evaluation of organizational and institutional development were reviewed and synthesized, resulting in a pluralistic model for the measurement of capacity building efforts. This proposed theoretical framework is based on seven capacity-building strategies — *technical skill building, management skill building, management systems development, resource diversification, network building, organization cross-fertilization, and multi-sectoral collaboration* — designed to enhance individuals, organizations, and institutions to design, manage, evaluate and sustain comprehensive HIV/AIDS programs and initiatives.

In addition to the theoretical framework, several practical steps are necessary to implement a monitoring and evaluation plan for capacity building. These steps include: *building consensus* among organization staff and stakeholders around the process of monitoring and evaluating capacity building; *conducting a baseline assessment* of organizational and institutional capacity; *defining the objectives and indicators* participatively to develop a strategic plan for capacity building; *monitoring progress* towards program objectives; *measuring outcomes*; and *analyzing and interpreting results* in collaboration with stakeholders. Traditional forms of capacity building evaluation — self-assessment, case study, outcome and impact evaluation — are presented and a framework for their integration at the level of interpretation and inference is provided.

There is a growing recognition among international and local organizations that while technical and financial inputs are often critical for improving project performance, this assistance alone is not sufficient to help groups manage and monitor their growth, define their vision and design effective strategies to adapt to a dynamic environment. The capacity building conceptual framework discussed in this SYNOPSIS — linking strategies, variables and outcomes — provides an instructive paradigm for the design and evaluation of HIV/AIDS prevention interventions worldwide. From our experience, we have found that conducting mixed-method evaluation of capacity building efforts allows for a more insightful assessment of capacity building and a more comprehensive evaluation of HIV prevention programs.

INTRODUCTION

Over the past two decades, many international development agencies have gradually begun working in partnership with local non-governmental organizations (NGOs), rather than directly implementing programs. As an increasing proportion of health assistance and overseas aid resources were channeled directly to indigenous organizations in developing countries, a shift in emphasis occurred from identifying program impact solely in terms of health outcomes to measuring impact in terms of both health outcomes and the increased capacity of local organizations.[3, 4, 5]

Initially, capacity building assistance to local organizations focused primarily on providing funding and equipment, increasing financial accountability, and strengthening specific technical skills.[6, 7] However, there was a growing recognition among international and local organizations that while technical and financial inputs are often critical for improving project performance, this assistance alone is not sufficient to help groups manage and monitor their growth, define their vision and design effective strategies to adapt to a dynamic environment.[8, 9]

While many development programs have been working to build local capacity for over a decade, HIV/AIDS prevention programs have only more recently begun to consider the importance of building local capacity. Born in a crisis atmosphere, HIV/AIDS programs deployed resources rapidly and directly intervened in the delivery of services in critical technical areas, such as controlling blood supplies, epidemiological reporting, diagnosis and treatment of opportunistic infections, and distributing condoms and prevention messages. As the epidemic evolved, this emergency-type response has been replaced by an understanding that the epidemic is a long-term development problem requiring a long-term multi-sectoral response that must involve communities, local organizations and networks in program planning, implementation and evaluation.[10] Developing a comprehensive approach to strengthening organizations and inter-agency alliances to fight the

epidemic requires a paradigm shift for many international NGOs because, in contrast to earlier interventions, the process of building capacity is slow and requires a new set of indicators which define success in a different manner than before.[11,12] Comprehensive programs to increase the sustained impacts of HIV programs now must include capacity building strategies focused at the institutional, organizational and individual levels.

As the strategies to strengthen capacities become more complex, the challenge of measuring effective capacity building efforts also intensifies.[13] For example, a lack of consensus among HIV/AIDS organizations and donors on defining appropriate capacity building indicators emerges from their different priorities and program objectives.[12,14] Another difficulty is that current quantitative monitoring and evaluation systems used by many organizations to measure outcomes of behavior change interventions do not sufficiently capture the depth and breadth of capacity building activities. Moreover, many organizations and donors are reluctant to invest the time and resources in baseline and follow-up research for capacity building, particularly in projects that are expected to demonstrate individual behavioral change or biologic impact within a short time frame.[15] Complicating further the task of evaluating capacity building in terms of sustainability is the influence of political and economic externalities.

Scarce resources and a maturing epidemic have required both the donor community and international NGOs to pay closer attention to *how* the capacities of local organizations and community groups are being enhanced to sustain HIV prevention efforts.[3] Most international NGOs are now involved in strengthening capacities of partner organizations and implementing strategies to evaluate these efforts. The variety of indicators and methodologies used by international NGOs to evaluate capacity building efforts reflects the different project priorities, intervention objectives, and operational paradigms of the international NGOs and their partners, and the reporting, monitoring and evaluation needs and requirements of the groups involved.

The following discussion presents a mixed-method model of capacity building evaluation that balances competing priorities and combines multiple complementary methods to measure increased capacity and sustainability of interventions using an integrated, holistic and pragmatic approach. The analysis of data collected through this model provides an important counterbalance to behavioral and biologic evaluation methods, addressing long-term impact, complementary to the measure of short-term trends or strategy-specific results.

PROPOSED THEORETIC FRAMEWORK

The proposed framework is based on seven capacity-building strategies (Table 1) designed to enhance individuals, organizations, and institutions to design, manage, evaluate and sustain HIV/AIDS prevention programs and initiatives. These seven strategies are based on theories of organizational development, institutional development and organizational transformation [16,17] and informed by the practices of community mobilization, participation, and empowerment.[18,19] The core of the framework examines how capacities are strengthened at each level as well as the synergistic relationship among the levels.[20,21] At the level of individuals, emphasis is on human resource development through technical and management skill building. For organizations, the focus is on organizational development, including systems and structure strengthening, leadership and governance, resource diversification, and network building. For institutions, organizational cross-fertilization and multi-sectoral collaboration are targeted.

Organizations are the physical entities with whom many donors work. *Institutions* transcend specific organizations to define the customs, practices, relationships or behavioral patterns of importance in the life of a community or society.[22]

The framework distinguishes between *institutional development* and *organizational development*. *Organizations* are the physical entities with whom many donors work. *Institutions* transcend specific organizations to define the customs, practices, relationships or behavioral patterns of importance in the life of a community or society.[22] Organizations, therefore, would include community-based organizations, schools, Ministry of Health (MOH) divisions, implementing agencies, and so forth. Institutions usually represent coalitions of organizations and sectors of society, for example, the media, the system of education, religion, and coalitions of community groups.

Table 1: Capacity Building Strategies

Capacity Building Strategy	Definition
Technical skill building	The improvement in the skills necessary to carry out specific technical aspects of programs or initiatives.
Management skill building	The improvement in the skills necessary to effectively manage programs and efficiently utilize organizational resources.
Management systems development	The improvement of internal systems, operational procedures, or tools that facilitate more effective management.
Resource diversification	The diversification of sources of financial and physical resources.
Network building	The improvement of organizational ties to constituents, peers, and policy makers to increase support for project activities.
Organizational cross-fertilization	The improvement in the exchange of information and experience between program managers involved in HIV/AIDS programs.
Multi-sectoral collaboration	The expansion of program activities and ties to other public and private sectors not actively engaged in addressing the HIV/AIDS epidemic.

Linking the specific strategies to outputs, outcomes and impacts defines the strategic approach and evaluation framework (Table 2). Although differentiated into three levels, there is an important synergy among and between each level in the achievement of the objectives. A training program for NGO program officers in management skills or financial accounting may, for example, lead to better program management and accounting systems within their organization. As a result, the organization may become a more proactive partner among NGOs thus strengthening networks with other organizations and community groups which in turn may eventually enhance the overall capability of the non-profit sector as a whole.

Despite their somewhat ambiguous delineation, institutions can also be specifically influenced to improve the sustainability of HIV/AIDS prevention programs. Increasing capacity at this level not only represents the cumulative effects of capacity building initiatives at the individual organizational levels, but attempts to change the environment, structures and needs that define how organizations and initiatives are conceived and implemented.[21, 23, 24]

Our model proposes the following four distinct aspects of organizational sustainability:

- technical
- management
- financial
- political

For many donors, organizational sustainability is a key outcome of capacity building efforts.[25] Our understanding of the meaning of sustainability has gradually evolved over the last two decades.[26, 27] In the early 1980s, sustainability was defined in terms of the continuity of project activities and benefits in the absence of external funding.[28] Currently, more comprehensive and subtle definitions have emerged. In our model, four distinct aspects of organizational sustainability are proposed: *technical sustainability,* the ability of an organization to provide technically appropriate, state-of-the-art, high-quality services*; management sustainability*, the ability to plan and manage all aspects of the operations; *financial sustainability*, the ability to generate suffi-

Table 2: Relationship of capacity building strategy to outputs, outcomes, and impacts

Focus	Individual	Organization	Institution
Strategy	Technical Skill Building Management Skill Building	Organizational/ Systems Development Resource Diversification Network Building	Organizational cross-fertilization Multi-sectoral Collaboration
Outputs	Individuals trained	Management systems established	Multi-sectoral meetings/ conferences held
Outcome	Improved technical and management skills	Improved effectiveness of financial, human resource, monitoring and evaluation systems; multiple funding sources; improved stakeholder involvement; policy engagement.	Improved formal and informal coalitions; exchange of lessons learned and dissemination of information
Impact	Improved technical and management effectiveness →	Technical, management, financial, and political sustainability →	Sustainability of benefits (impact sustainability)

cient working capital to continue to produce goods or provide services; and *political sustainability*, the ability to maintain the support and involvement of the community members, gatekeepers, opinion leaders, policy influencers, and key decision makers which can affect the viability of the organization. These four aspects of organizational sustainability are seen as complementary to one another. An organization without any one of the four components will either be ineffective (lacking technical/management sustainability), unproductive (lacking financial sustainability), or irrelevant (lacking political sustainability).

Our model defines the sustainability of benefits, or impact sustainability, as the ultimate goal of capacity building efforts.

While the sustainability of organizations working in HIV/AIDS *may* lead to reduced HIV transmission, focusing solely on organizational sustainability is not sufficient to prepare organizations to adapt to the changing epidemic and demands of stakeholders. Consequently, our model defines the sustainability of benefits, or *impact sustainability*, as the ultimate goal of capacity building efforts. Regardless of the long-term survival of specific organizations, capacity building efforts that strengthen institutions can result in the sustained impact of program benefits — through the creation of new organizations, the consolidation of diverse groups, or a shift in social norms.

Specific indicators are defined for evaluation purposes at the level of outputs, outcome, and impact (Table 3). Indicators at the output level reflect the strategies of enhancing human resource development (e.g., number of individuals trained), improving organizational development (e.g., mission statement defined, and internal structure and organizational outputs are congruent with the mission), and strengthening multi-sectoral collaboration (e.g., number of multi-sectoral meetings held). Evaluation methods rely upon traditional methods of process evaluation, such as process monitoring through periodic reporting, key informant interviews, and document analysis.

Measuring the outcomes of capacity building efforts is more challenging and requires the use of multiple, diverse inquiry methods to build a robust evaluation approach with appropriate and pragmatic methods. Much as the evaluation of behavior change can be pursued through the assessment of quantitative, qualitative and process data, the assessment of increased capacity at the outcome level is triangulated as well. Through this approach, the insight and validity of data collected is notably improved.[29] By combining self-assessments with more objective comparisons to defined criteria of organizational development and exit interviews of beneficiaries, evaluation biases can be mitigated, and changes in organizational and institutional development can be noted.[30]

Outcome indicators must be relevant to the specific strategies pursued by each organization but emphasize: 1) the delivery of high-quality, appropriate, care (e.g., percentage of STI patients treated according to national guidelines for syndromic management — WHO/GPA Prevention Indicator 6);[31] 2) the functioning of management systems (e.g., percentage of NGOs engaging in strategic planning with stakeholder involvement); and 3) the development of institutional networks (e.g., number of NGOs that have participated in a collaborative project with another NGO in the last year).

Measuring the impact of capacity building efforts requires similar mixed-method approaches. Evaluating the effectiveness of individuals, the sustainability of organizations and the sustainability of program benefits, often requires the detailed, qualitative focus of case study analysis, linking advocacy efforts on the part of NGO program managers to changes in policies or social norms. Additional appropriate evaluation methods include key informant interviews, focus group discussions and cost-effectiveness analysis.

The development of national guidelines for syndromic management in Haiti provides an example that demonstrates this approach and the synergistic qualities of capacity-building efforts at multiple levels to measure impact sustainability. This initiative involved building capacity at the level of individuals, organiza-

Table 3: Capacity building indicators and evaluation methods

Level	Illustrative indicators	Evaluation methods
Output	• Number of individuals trained in BCC, STI, condoms, evaluation, etc. • Percentage of project proposals accepted/submitted • Defined, relevant mission statement • Fundraising activities conducted • Number of abstracts accepted to international HIV/AIDS conferences • Number of multisectoral meetings held	• Process indicator (monitoring) form • Document analysis
Outcome	• Percentage of STD patients treated according to syndromic management guidelines • Percentage of NGOs engaging in strategic planning with stakeholder involvement • Number of NGOs that are members of a formal coalition • Number of NGOs that have participated in a collaborative project with another NGO in the last year	• Key informant interviews • Focus group discussions • Document analysis • Audits • Client/beneficiary exit interview • Self-assessment • Case studies
Impact	• Percentage of individuals trained still working in HIV/AIDS 2 years later • Percentage of NGOs providing services according to community needs assessment • Percentage of NGOs with >2 donor organizations providing >10% of overall funding • Number of NGOs participating in national-level strategic planning • Number of favorable policies adopted (STD case management, condom import policies, etc.)	• Key informant interviews • Focus group discussions • Audits • Qualitative case study chain-of-events analysis • Cost-effectiveness analysis

tions and institutions.[32] AIDSCAP initially conducted an ethnographic study of beliefs and health seeking behaviors related to STIs in the neighborhood of Cite Soliel in the capital city of Port-au-Prince in Haiti.[33] At the same time, a seroprevalence study was conducted that found 47 percent of antenatal clinic attendees had at least one STI.[34] With this information, AIDSCAP was able to bring together representatives from a range of organizations to discuss the problems and possible appropriateness of a syndromic management approach to STI treatment, based upon the development of a simple, locally derived, algorithm of treatment alternatives. Collaboration on a case management approach led to the development of a training manual for use in training STI care providers. As familiarity with the system of case management increased, consensus was built around the effectiveness of this approach, which was subsequently endorsed for adoption by the Ministry of Health.[35] This process of building capacity in the provision of STI services demonstrates how increasing individual capacity, organizational capacity, and ultimately institutional capacity creates an entrenched sustainability of program benefits that is not dependent upon individual or organizational sustainability, but is built on the strengthened interrelated levels.

EXPERIENCES IN IMPLEMENTING A CAPACITY BUILDING EVALUATION FRAMEWORK

In addition to a theoretical framework, several practical steps are necessary to implement a monitoring and evaluation plan for capacity building. These steps include: 1) building consensus among organization staff and stakeholders around the process of monitoring and evaluating capacity building; 2) conducting a baseline assessment of organizational and institutional capacity; 3) defining the objectives and indicators participatively to develop a strategic plan for capacity building; 4) monitoring the process; 5) conducting outcome assessments; and 6) analyzing and interpreting results in collaboration with stakeholders.

Step 1: Build Consensus

For any evaluation to be successful, it is important that stakeholders — including project managers, beneficiaries, organization staff and donors — be involved in the process from the design stage.[36,37] Consensus needs to be built around not only the process of capacity building, but also the process of *evaluating* capacity building. Organizations may be wary of participating fully in a process, such as a needs assessment that will expose internal weaknesses as well as strengths, and may feel the evaluation of capacity building is inherently threatening. It is challenging to establish trusting relationships among organizations that are necessary to build networks and share resources with an aim toward impact sustainability, especially in an atmosphere which encourages competition rather than collaboration.[38] Therefore, it is critical to build consensus among the groups involved so they come to view

It is critical to build consensus among the groups involved so they come to view capacity building, and the evaluation of the process of capacity building, as useful for the organization.

capacity building, and the evaluation of the process of capacity building, as useful for the organization. When organizations recognize there is something positive to be gained from participating fully in the process, the monitoring and evaluation plan will be that much more successful and have long-term results.

In the Dominican Republic, the threat that the primary donor, the U.S. Agency for International Development (USAID), would stop all funding and technical assistance to local NGOs involved in HIV prevention was the impetus for local NGOs to come together to build consensus around how they were going to work jointly towards the common aim of preventing the spread of HIV. The NGOs recognized they had become so focused on the need to compete for limited funds that they were unable to share ideas and work together. In order to break this cycle of competitive behavior, the NGOs agreed to engage in a reflective and visioning workshop. An external consultant was hired to help design and facilitate the workshop. A primary focus of the workshop was to engage participants in a personal review of the actions, beliefs and spiritual values that are often overlooked when people work in large groups. The workshop succeeded in creating a "safe" non-competitive environment where individuals could listen to each other, build positive relationships and begin to work together. While a few organizations found such collaboration difficult and were unwilling to change their competitive behavior, the majority of NGOs learned that building consensus and working in collaboration helped them achieve their common goal as well as strengthen their own organizations.[39]

In Honduras, Tanzania, and Indonesia, a collaborative design process created integrated prevention programs.[40] Because consensus building was coupled with practical program design experience, participants from the various organizations learned to understand each organization's role in the comprehensive program and how to collaborate to achieve the objectives of the program. At the Honduras design workshop, for example, the Ministry of Health designed a project to strengthen its STD services. Other participating NGOs then added an STD referral component to their projects to ensure project staff and volunteers

would encourage members of the target populations to use these improved services.

Activities such as those described above, which attempt to foster collaboration and depict capacity building as a positive process towards achieving common goals, were the key to building commitment around the evaluation of capacity building at both the organizational and institutional levels. Rather than seen as punitive measures — of the inadequacy of financial controls or the lack of expertise in communication materials development — organizations saw capacity building evaluation as a useful part of organizational planning and growth.

Step 2: Conduct Assessment

The next step in the implementation of a capacity building evaluation plan is to conduct baseline assessments of organizations and institutions. Organization assessments serve two primary functions: to assess organizational capacity *and* to determine individual and organizational training and technical assistance needs.[41] By participating in a systematic diagnostic process, an organization is better able to critically analyze its internal strengths and weakness, as well as its relationship to other governmental and non-governmental agencies, community groups, beneficiaries and donors. Institutional assessments review the environments in which organizations function and the strengths and weaknesses of the larger context within which HIV/AIDS prevention programs are conducted.[24, 42]

Organization assessments serve two primary functions: to assess organizational capacity *and* to determine individual and organizational training and technical assistance needs.[41]

In 1994, the Tanzania AIDS Project (TAP) conducted a national institutional needs assessment to determine the scope and needs of NGOs interested in HIV/AIDS/STI programming. This assessment revealed a wide variety of organizations involved in different aspects of HIV control, ranging from small indigenous groups

and churches to internationally established development and health organizations. Selected on the basis of population density and HIV prevalence, nine regions were chosen and NGOs within these regions were formed into clusters, with the purpose of engaging a large number of local groups in partnerships to mobilize resources and build local capacity. Of the 180 NGOs in the nine regional clusters in the project, some of the NGOs had medical expertise, some had purely social objectives, some were affiliated with religious groups, and others had political agendas. Significant time and resources were devoted to facilitating and guiding the creation of cohesive teams of NGOs working in each region. Steering committees, charged with the overall tasks of planning and monitoring the network's activities, were established for each cluster by the participating NGOs themselves.[12, 43]

Prior to the project design process, an organization assessment was conducted with the targeted NGOs. In each cluster the NGOs together and individually conducted a "SWOT" analysis, which identifies internal and external strengths, weaknesses, opportunities and threats for each organization. In each region, workshops enabled representatives from the participating NGOs to understand the collective strengths and weaknesses of their organizations. This information provided the foundation for the next step.

Step 3: Define Objectives and Benchmarks

The third step involves participatively setting objectives and benchmarks. This process is based on the identification of strengths and weaknesses of the organization, but should also be based on their vision for the future. Once the organization, or group of organizations, has a critical understanding of their internal capacity and how their strengths can be maximized to establish an effective interplay with the external environment, they can formulate a clear plan to enhance their ability to implement better projects.[41] This process is most successful when representatives from all levels of the organization participate in the process.[23] Defining specific benchmarks and indicators (within the categories defined in Table 2) is an important part of a strategic plan that can help organizations translate their goals into

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results-oriented activities. For most organizations defining objectives often translates into articulating a desire to become more proficient in a technical or management skill to remedy specific weaknesses or to further enhance strengths. Organizations can also set objectives for enhancing networks, donor relationships and stakeholder involvement.

Returning to the previous example in Tanzania, weaknesses identified during the organization assessment were recognized as opportunities for strengthening specific managerial and technical areas. The NGOs identified objectives to achieve within a given period of time, specifically to become proficient in the following management and technical areas: project design, management, accounting, peer education, materials development, home-based care and counseling, income-generating activities, and condom social marketing for community-based and peer educators. In addition, they established objectives for how they were going to collaborate and work together. To achieve their objectives, they devised a plan for an intensive training program. Participatory training workshops were conducted that covered the expressed needs, from project design and management to training in income-generating activities.

In Asia, a regional institutional assessment of NGOs and government ministries revealed there were not enough people with the skills necessary to conduct quality comprehensive HIV prevention programs. Based on this need, the groups established objectives to improve specific skills, with the overall objective of establishing a sustainable, quality training program for the region. A Regional AIDS Training and Education (RATE) Program was established in 1993. The RATE Program assisted organizations in Asia to conduct training and education needs assessments and then provided learning activities to meet the identified needs. Participants from Bangladesh, Cambodia, India, Indonesia, Laos,

Mongolia, Nepal, the Philippines, South Pacific Islands, Sri Lanka and Thailand have been trained in HIV/AIDS education, management of sexual transmitted infections, HIV/AIDS policy, quality news reporting on HIV/AIDS issues, and training skills.[44]

Step 4: Monitor Progress

Building capacity is a process in which training and technical assistance play only a part. Developing and internalizing skills, knowledge, and a clear understanding of complex concepts or procedures — all fundamental elements of capacity — demands nurturing and continual attention.[27, 42] Thus, a significant component of any capacity building strategy is establishing a pattern of regular and frequent supportive and participatory supervisory visits to the projects. During these visits, implementing agency partner staff together monitor the progress of building capacity in terms of both quantitative process indicators and measures of quality. Beyond simply asking, "how many people have been trained in technical or management skills?" questions are asked, such as: "how are newly acquired skills being utilized?" and "how has the strengthened management system improved productivity?" Support and supervision of capacity building should be carefully delivered so that it is collaborative, with an understanding that the process of transferring knowledge and skills is two way.

A significant component of any capacity building strategy is establishing a pattern of regular and frequent supportive and participatory supervisory visits to the projects.

Step 5: Measure Outcomes

As is the case with any evaluation, in evaluating capacity building efforts it is critical to determine if the project made a difference. For capacity building evaluation, it is important to determine not only if objectives were met, but how and how well. A combination of approaches can be effectively used to determine project outcomes, including self-assessment by program managers, interviews with key informants, focus group discussions with organi-

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zation staff, case studies, and audits. AIDSCAP developed two complementary instruments to help program managers assess and evaluate capacity building efforts: the *Rapid Organizational Assessment (ROA)* and the *Comprehensive Key Informant Interview Questionnaire (CKIIQ).* The *ROA* focuses on management systems, structures, staff skills, and external relations. It can be used by an organization or coalition as a part of project design, monitoring or evaluation to identify organizational strengths and weakness. The *CKIIQ* includes sections on program management as well as on technical skill building and networking. It focuses on identifying retrospectively specific examples of increased capacity and lessons learned. Both instruments were designed to provide qualitative and quantitative information from program managers and to address sustainability issues. Effectiveness related to training and technical assistance provided is measured by the program managers themselves, either through a self assessment or facilitated by an outside consultant. This participatory methodology defines effectiveness from their personal perspective. These instruments were adapted locally and were used with both governmental and non-governmental organizations.

The *Rapid Organizational Assessment* was conducted in Haiti at the end of the AIDSCAP project funding cycle. All of the implementing agencies chose self-assessment rather than having an outsider conduct the assessment. Ultimately, the organizations found that the process of conducting the assessment not only provided them with a better understanding of their capacity and a vision of the future of their organizations, but also with a product useful for marketing themselves to other donors.

In Brazil, the *Comprehensive Key Informant Interview Questionnaire* was conducted with each implementing agency by an outside consultant. The analysis of individual accomplishments in technical areas and increased capacity in organizational

development allowed for an identification of the enhanced networks between each organization, as well as the strengthened institutions which resulted.

Step 6: Analyze and Interpret Results

For the capacity building evaluation plan to be truly participatory and useful, the organizations must be involved in this last step — the analysis and interpretation of results of data collection efforts. Regardless of whether program managers conducted a self assessment, or if an outside consultant facilitated the process, the results should be used as a foundation for discussion to be shared with the entire organization. Together organization staff, or a coalition group, can analyze and interpret results to identify the factors that have facilitated or hindered increased capacity over the time period identified. This final step also returns organizations to the first step of renewing consensus towards capacity building and starts the process of planning for the next set of objectives and benchmarks.

LESSONS LEARNED AND RECOMMENDATIONS

- Enhancing individual, organizational, and ultimately institutional capacity in HIV prevention is a requirement for the sustainability and ultimate success of efforts to reduce HIV incidence worldwide.
- As prevention programs evaluate the success and failures of their efforts, the evaluation of capacity building must be an essential component to a comprehensive evaluation strategy.
- Conducting mixed-method evaluation of capacity building efforts allows for a more insightful assessment of capacity building and a more comprehensive evaluation of HIV prevention programs.
- The process of evaluating capacity building, when conducted in a participative manner, serves not only to guide programs with information on effective approaches and continued needs, but also acts to build capacity in and of itself.
- Organizations or coalitions with the capacity to build consensus, conduct assessments, define objectives, monitor progress, measure outcomes, and analyze results will begin to be sustainable in the challenging and dynamic environment of HIV prevention.
- AIDSCAP's capacity building conceptual framework — linking strategies to outputs, outcomes, and impact across three levels of interventions — provides an instructive paradigm for the development of capacity building interventions and the evaluation of HIV prevention interventions worldwide. While being adapted to the local context and specific project priorities, the framework highlights the synergistic benefits from a comprehensive approach to increasing capacity.

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Functional Organizational Chart
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